(In the space above enter the full name(s) of the plaintiff(s).)  - against -  COMPLAINT  Jury Trial: See See See See See See See See See Se				_	SYLVANIA	DISTRICT CO ICT OF PENN	ERN DIS'	<u> </u>
In the space above enter the full name(s) of the defendant(s). If you annot fit the names of all of the defendants in the space provided, lease write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names sted in the above caption must be identical to those contained in art 1. Addresses should not be included here.)  Parties in this complaint:  List your name, address and telephone number. If you are presently in custody, include your ider number and the name and address of your current place of confinement. Do the same for any address of paper as necessary.	48	LAINT	COMPL		f the plaintiff(s).)		he space abou	(In
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State & Zip Code			(34)	J. 01.1		Zip Code	Stat	

Rev. 10/2009

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List all defendants. You should state the full name of the defendants, even if that defendant is a

	actendant can be 26	, an organization, a corporation, or an individual. Include the address where each rved. Make sure that the defendant(s) listed below are identical to those contained in Attach additional sheets of paper as necessary.
Def	endant No. 1	NameC\\1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Street Address 15 15 AVCh St
		County, City Philadi Hilly, PIA
		State & Zip Code
Defe	endant No. 2	Name CITY
		Street Address \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		County, City VAIRO ally
		State & Zip Code
Defe	ndant No. 3	Name
		Street Address
		County, City
		State & Zip Code
Defe	ndant No. 4	Name
		NameStreet Address
		Street Address
		County, CityState & Zip Code
п.	Basis for Jurisdiction	
Federa involve case in § 1332	al courts are courts of lim ring a federal question and avolving the United State	nited jurisdiction. Only two types of cases can be heard in federal court; cases d cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a s Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. n of one state sucs a citizen of another state and the amount in the
Α.	What is the basis for fe	ederal court jurisdiction? (check all that apply)  S   Diversity of Citizenship
В.	If the basis for jurisdic	tion is Federal Question, what federal Constitutional, statutory or treaty right is at

В.

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C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each part
	Plaintiff(s) state(s) of citizenship
	Defendant(s) state(s) of citizenship
III.	Statement of Claim:
includ	as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the captidant is involved in this action, along with the dates and locations of all relevant events. You may wind further details such as the names of other persons involved in the events giving rise to your claims not cases or statutes. If you intend to allege a number of related claims, number and set forth each claims at e paragraph. Attach additional sheets of paper as necessary.
Α.	Where did the events giving rise to your claim(s) occur?
В.	What date and approximate time did the events giving rise to your claim(s) occur?\\\[\bigvi[]
<del>-</del> C.	Facts: PART ON VIII VI WALL POINTS
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## IV. Injuries:

ou sustained injuries related to the events alleged above, describe them and state what medical treatment	if any
required and received.	
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- 1/12 CITY SOLIC 1812	
DC#09-14-096318	
- that reture to talk with us and	<u> </u>
- 4/1/5 13 CAMENIA PSYCHOLOGY DYOK KIND	14
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Relief:	
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y and the amount of monetary compensation, if any, you are seek	ng, and
basis for such compensation.	ng, and
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I declare	under penalty of perjury that the foregoing is true and correct.
Signed thi	is 1 day of JUL,
	Signature of Plaintiff 7/22-  Mailing Address
	Telephone Number
	Fax Number (if you have one)  E-mail Address
Note: A	all plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also rovide their inmate numbers, present place of confinement, and address.
For Prison	ers:
this compl	nder penalty of perjury that on this day of, 20, I am delivering aint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the istrict of Pennsylvania.
	Signature of Plaintiff:
	Inmate Number